

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	120.00	Attorney Docket No.	B03-58
--------------------------------	------	--------	---------------------	--------

## METHOD OF PAYMENT

Deposit Account      Deposit Account Number: 502309      Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>Filing Fee (\$)</u>	<u>Search Fee (\$)</u>	<u>Examination Fee (\$)</u>	<u>Fees Paid (\$)</u>
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

### 2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>
------------------------	-----------------

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent      50

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent      200

<u>Total Claims</u>	<u>Paid TC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-	- =	0	× 50 =	0

Paid TC = the greater of 20 or highest number of total claims paid for

<u>Independent Claims</u>	<u>Paid IC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-	- =	0	× 200 =	0

Paid IC = the greater of 3 or highest number of independent claims paid for

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	(round up to integer)	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =		× 250 =	

### 4. OTHER FEES

<u>Extension for response within first month</u>	<u>\$120</u>	<u>Fee Paid (\$)</u>
--	--------------	----------------------

\_\_\_\_\_

## SUBMITTED BY

Signature		Registration No. 43,583	Telephone 508-979-3015
Name	Kristin D. Wheeler	Date 18 Sept 06	